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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Registration of Foreign Limited Liability Company

Pursuant to the provisions of House Bill No. 524, Chapter 362, Laws of 1995, the undersigned Limited Liability Company applies for registration to transact business as follows:

	1. Name of Limited Liability Company Business Email Address
\Rightarrow	
	2. Organized under laws of the jurisdiction or state of Date Organized
\Rightarrow	
	3. Address of the office required to be maintained in the state or jurisdiction of organization by the laws of that state or jurisdiction or, if not required, the address of the principal office of the Limited Liability Company
\Rightarrow	Address
\Rightarrow	City, State, ZIP5, ZIP4
	4. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which this Limited Liability Company is to dissolve
\Rightarrow	
	5. Name and Street Address of the Registered Agent and Registered Office in Mississippi
\Rightarrow	Name
\Rightarrow	Address
\Rightarrow	City, State, ZIP5, ZIP4
	6. Telephone No. of the Registered Agent
\Rightarrow	

7. The Secretary of State is appointed the Registered Agent of this limited liability company for services of process if the Registered Agent's authority has been revoked or if the Registered Agent cannot be found or served with the exercise of responsible diligence.

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633

Application for Registration of Foreign Limited Liability Company

	8. Is management of the Limited Liability Company vested in a manager or managers?
\Rightarrow	Yes No
	9. Any restrictions or limitations are as follows
\Rightarrow	
	10. Other matters the Foreign Limited Liability Company determines to include
\Rightarrow	

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Registration of Foreign Limited Liability Company

11. Name elected to use in Mississippi

⇒																	
	By: Signature											(Please k	(Please keep writing within blocks)				
	Printed Name																
													Title				
	Street and Mai	Street and Mailing Address															
\Rightarrow	Physical Address																
\Rightarrow	P.O. Box																
⇒	City, State, ZII	P5, ZIP4															